

NOV 28

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farmington (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No. 38676
Registered No. 162
St. Ward)

2. FULL NAME Sarah Jane Waltrip

(a) Residence, No. Clarkton, Mo. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 years 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

13. NAME L. D. Waltrip

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Hospital Records (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell, Missouri DATE Oct. 13, 1937

19. UNDERTAKER Landess (ADDRESS) Campbell, Mo.

20. FILED 10-12-37 J. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to Oct 11, 1937

I last saw her alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 10:22 P. m.

The principal cause of death and related causes of importance were as follows:

Extra-dural hemorrhage right side

Other contributory causes of importance:
Idiosyncrasy epilepsy
Mental deficiency

Name of operation Date of
What test confirmed diagnosis? P. M. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Paul J. Schuchman M.D.
(Signed) Faulstich Mr. Stat 14
(Address)

